AMENDMENTS TO THE CLAIMS

Claims 1-20, 24-28, and 30-33 are pending and under consideration. Please amend

Claims 1, 3, 15, 20, 24, 27-28, and 31. The Claim Listing below will replace all prior versions of

the claims in the application:

Listing of the Claims:

1.   (Currently amended) (Currently amended) A method for managing a medical practice

comprising:

(a) storing one or more insurance rules in an insurance company rules database on a

medical practice management server;

[[(a)]] (b) communicating with a medical practice client user interface over a first

communication network;

[[(b)]] (c) communicating with a payor server over a second communications network;

[[(c)]] (d) receiving information associated with an event related to a patient from at

least one of the medical practice client user interface or the payor server;

[[(d)]] (e) performing, by [[a]] the medical practice management server, one or more

workflow tasks in a patient workflow associated with the event;

[[(e)]] (f) performing, by [[a]] the medical practice management server, one or more

workflow tasks in a billing workflow, which examines and processes an insurance

claim, associated with the event;

[[(f)]] (g) automatically and repeatedly interacting with the information associated with

the event during the patient workflow tasks and billing workflow tasks to correct an

error, a deficiency, or any combination thereof by applying one or more rules within a

set of rules in a rules engine or performing transactions with the payor server; and

[[(g)]] (h) using at least a portion of the information, which is defined by the one or more

insurance rules that apply to the payor server, associated with the event to create an

insurance claim, which is formatted according to the one or more insurance rules that

apply to the payor server, following completion of the one or more tasks.

2.   (Previously presented) The method of claim 1 further comprising verifying the

information at least one of before, during, or following performing the workflow tasks in the

patient workflow associated with the event, or any combination thereof.

3.   (Currently amended) The method of claim 1 further comprising the steps of:

([[h]] i)   receiving an error notification; and

([[i]] j)   performing a correcting action in response thereto.

4.   (Original)   The method of claim 3 wherein the performing the correcting action

further comprises transmitting an error message denoting an error to the medical practice.

5.   (Previously presented)   The method of claim 3 wherein the correcting action

comprises correcting at least one of a typographical error, a formatting error, incomplete

information, or any combination thereof.

6.   (Original)   The method of claim 3 further comprising generating the error

notification.

7.   (Original)   The method of claim 1 further comprising submitting the claim to the

payor server over the second communications network.

8. (Original)   The method of claim 1 further comprising updating the rules in the set of

rules.

9. (Previously presented)   The method of claim 2 wherein the performing of the

workflow tasks in the patent workflow before the event further comprises the steps of at least one

of

   receiving a request for an appointment,

   searching for the patient in a patient information database,

   receiving insurance information;

   receiving referral information,

   receiving a proposed schedule appointment, or

   any combination thereof.

10. (Original)   The method of claim 9 wherein the receiving insurance information

further comprises the steps of parsing the insurance information and determining whether the

patient is eligible.

11. (Original)   The method of claim 9 wherein the receiving referral information further

comprises defining a referral rule category, an appointment type class, and an intersection of the

referral rule category and the appointment type class.

12. (Previously presented)   The method of claim 2 wherein the workflow tasks in the

patient workflow performed during the event further comprise at least one of performing check-

in tasks, performing check-out tasks, or any combination thereof.

13.   (Previously presented)   The method of claim 2 wherein the performing of the workflow tasks in the billing workflow following the event further comprise the steps of at least one of:

> receiving a claim,

> scrubbing the claim,

> assigning a status to the claim,

> submitting the claim to the payor server,

> triggering an alarm upon not receiving a response from the payor server,

> performing claim follow-up tasks,

> posting payments, or

> any combination thereof.

14.   (Previously presented)   The method of claim 1 wherein the transactions performed with the payor server further comprises at least one of

> claim submittals,

> claim receipt acknowledgements,

> claim status checks,

> patient eligibility determinations,

> authorization and referral requests and grants,

> remittance advice, or

> any combination thereof.

15.   (Currently amended)   A medical practice management system comprising:

> a medical practice client user interface for communicating with a medical practice;

a payor server for communicating with a payor organization; and

a medical practice management server computer in communication with the medical practice client user interface over a first communications network and the payor server over a second communications network to receive information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof,

the medical practice management server computer comprising

an insurance company rules database storing one or more sets of rules, each set of rules comprises one or more insurance rules that apply to the payor server,

a workflow processing engine performing one or more patient workflow tasks and one or more billing workflow tasks, which examines and processes an insurance claim, associated with the event,

a rules engine in communication with the workflow processing engine for repeatedly and automatically interacting with the information associated with the event to correct an error, a deficiency, or any combination thereof by applying one or more rules in a set of rules to the information in connection with the performance of the one or more patient workflow tasks and one or more billing workflow tasks , and

an intelligent transactions relationship module in communication with the workflow processing engine and the payor server for repeatedly and automatically interacting with the information associated with the event by performing transactions with the payor server to correct an error, a deficiency, or any

combination thereof in connection with the performance of one or more patient workflow tasks and one or more billing workflow tasks.

16.   (Original)   The medical practice management system of claim 15 further comprising a patient information database and an insurance information database.

17.   (Original)   The medical practice management system of claim 15 wherein the rules engine further comprises a rules database to store the set of rules.

18.   (Previously presented)   The medical practice management system of claim 15 wherein the workflow processing engine further comprises a verifier to verify the information at least one of before, during, or following performing the patient workflow tasks associated with the event, or any combination thereof.

19.   (Original)   The medical practice management system of claim 15 wherein the workflow processing engine communicates with a central billing office to generate and submit a claim to the payor server.

20.   (Currently amended)   A medical practice management system comprising:

   (a) means for storing one or more insurance rules in an insurance company rules database on the medical practice management system;

   [[(a)]] (b) means for communicating with a medical practice user interface over a first communications network;

   [[(b)]] (c)   means for communicating with a payor server over a second communications network;

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[[(c)]] (d)   means for receiving information associated with an event related to a patient from at least one of the medical practice client user interface or the payor server;

[[(d)]] (e)   means for performing one or more patient workflow tasks associated with the event;

[[(e)]] (f)   means for performing one or more billing workflow tasks, which examines and processes an insurance claim, associated with the event;

[[(f)]] (g)   means for automatically and repeatedly interacting with the information associated with the event during the patient workflow tasks and billing workflow tasks to correct an error, a deficiency, or any combination thereof by applying one or more rules within a set of rules in a rules engine or performing transactions with the payor server; and

[[(g)]] (h)   means for using at least a portion of the information, which is defined by the one or more insurance rules that apply to the payor server, associated with the event to create an the insurance claim, which is formatted according to the one or more insurance rules that apply to the payor server, following completion of the one or more tasks.

21.   (Canceled)

22.   (Canceled)

23.   (Canceled)

24.   (Currently amended) The method of claim 1 wherein a portion of the information associated with the event comprises ~~an association between a~~ first procedure _information_ and [[a]] second procedure _information_.

25.   (Previously presented)   The method of claim 2 wherein the performing of the workflow tasks in the billing workflow following the event further comprise the steps of moving the claim into a claim inquiry group and assigning an additional task to be completed to close the claim.

26.   (Previously presented)   The method of claim 1 wherein the one or more rules in the set of rules have universal applicability, apply only to one or more specific insurance packages, apply only to specific medical care providers, or any combination thereof.

27.   (Currently amended)   A method for managing a medical practice comprising:

    (a) storing one or more rules in an insurance company rules database;

    [[(a)]] (b)   communicating with a medical practice client user interface over a first communication network;

    [[(b)]] (c)   communicating with a payor server over a second communications network;

    [[(c)]] (d)   receiving information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;

    [[(d)]] (e)   performing one or more workflow tasks in a patient workflow associated with the event;

[[(e)]] (f)   performing one or more workflow tasks in a billing workflow, which examines and processes an insurance claim, associated with the event;

[[(f)]] (g)   after performance of the one or more workflow tasks in the patient workflow and the one or more workflow tasks in the billing workflow, storing at least a portion of the information associated with the event, which is defined and formatted by the one or more rules that apply to the payor server, for a purpose other than to create an the insurance claim; and

[[(g)]] (h))   automatically and repeatedly interacting with the information associated with the event in connection with the performed patient workflow and billing workflow tasks by applying one or more rules to correct an error, a deficiency, or any combination thereof in a set of rules.

28.   (Currently amended) A computer program product, tangibly embodied in an information carrier, for managing a medical practice management system, the computer program product including instructions being operable to cause a data processing apparatus to:

(a) store one or more insurance rules in an insurance company rules database on the medical practice management system;

[[(a)]] (b)   communicate with a medical practice client user interface over a first communication network;

[[(b)]] (c)   communicate with a payor server over a second communications network;

[[(c)]] (d)   receive information associated with an event related to a patient from at least one of the medical practice client user interface, the payor server, or any combination thereof;

[[(d)]] (e)   perform one or more workflow tasks in a patient workflow associated with the event;

[[(e)]] (f)   perform one or more workflow tasks in a billing workflow, which examines and processes an insurance claim, associated with the event;

[[(f)]] (g)   automatically and repeatedly interact with the information associated with the event during the patient workflow tasks and billing workflow tasks to correct an error, a deficiency, or any combination thereof by applying one or more rules within a set of rules in a rules engine or performing transactions with the payor server; and

[[(g)]] (h)   use at least a portion of the information, which is defined by one or more insurance rules that apply to the payor server, associated with the event to create an the insurance claim, which is formatted according to the one or more insurance rules that apply to the payor server, following completion of the one or more tasks.

29.   (Canceled)

30.   (Previously presented)   The computer program product of claim 28 further comprising instructions being operable to cause the data processing apparatus to verify the information at least one of before, during, or following performing the workflow tasks in the patient workflow associated with the event, or any combination thereof.

31.   (Currently amended) The computer program product of claim 28 further comprising instructions being operable to cause the data processing apparatus to:

([[h]] i)   receive an error notification; and

([[i]] j)   perform a correcting action in response thereto.

32.   (Previously presented)   The computer program product of claim 31 wherein performing the correcting action further comprises causing the data processing apparatus to transmit an error message denoting an error to the medical practice.

33.   (Previously presented)   The computer program product of claim 31 wherein the correcting action comprises causing the data processing apparatus to correct at least one of a typographical error, a formatting error, incomplete information, or any combination thereof.